

The South Carolina Immunization Registry (SCI Registry) is located within the South Carolina Immunization Provider Access System (SCI PAS) portal.

In your internet browser, enter <https://www.scdhec.gov/scipas>. Once the SCI PAS webpage appears, bookmark the page for quick access in the future.



INITIAL LOGIN PROCESS

Enter your e-mail address in the **Username** field and the temporary password provided in the **Password** field.

Click **Login**.

Immediately upon initial login, user is prompted to change password.

Click **OK**.

First, enter the temporary password in the **Current Password** field.

Enter **New Password** twice. Password must be at least 8 characters long and include:

- Uppercase letter
- Lowercase letter
- Symbol
- Number (minimum of 2)

The Change button will not activate until the new password meets agency password requirements.

When password has been entered twice and meets agency password requirements, click **Change**.

Window appears confirming password changed. Click **OK**.

Keep your password documented in a safe and secure place!

Help
Logged in as NURSE TEST
(NURSE.TEST1@SCHOOL.COM)
Current PIN: 1349

HOME NEWS ACCOUNT **REGISTRY** LOGOUT

Your password was successfully changed.

SCI PAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status **Registry Status**

Your current account enrollment statuses are displayed below. Each tab has detailed information regarding that specific status.

SCIPAS: ❌ You do not have an active SCIPAS account. [Change Password](#)

VFC: ⚠️ Your E.S.A. needs to enroll in the Federal Vaccine for Children (VFC) Program. [Click here to go to the VFC tab >>](#)

SC State Vaccine: ⚠️ Your E.S.A. needs to enroll in the South Carolina State Vaccine Program. [Click here to go to the STATE tab >>](#)

SCI Registry: ⚠️ You are not registered as a South Carolina Immunization Provider. [Click here to go to the Registry Status tab >>](#)

✅ = Active/Enrolled 🔄 = In Progress ⚠️ = Needed ⏸️ = Approval Pending ❌ = Inactive/Not Enrolled ✔️ = Registered

Click on **Registry Status** tab.

User must complete the User Confidentiality Agreement (DHEC 0869). Click on **Form DHEC 0869**.

Help
Logged in as NURSE TEST
(NURSE.TEST1@SCHOOL.COM)
Current PIN: 1349

HOME NEWS ACCOUNT **REGISTRY** LOGOUT

Your password was successfully changed.

SCI PAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status **Registry Status**

Registry Status
You are not registered as a South Carolina Immunization Provider.

⚠️ You need to complete the User Confidentiality Agreement to use the Registry. [Form DHEC 0869](#)

If you have any questions regard South Carolina Immunization Registry registration, please contact the DHEC Immunization Division at 866-437-4082 (select option 2, Immunization Registry).

✅ = Active/Enrolled 🔄 = In Progress ⚠️ = Needed ⏸️ = Approval Pending ❌ = Inactive/Not Enrolled ✔️ = Registered

User must read and agree with all of the elements contained in the User Confidentiality Agreement (DHEC 0869). User will acknowledge agreement by checking the **Agree** box for each of elements.

Print Preview (hit your Browser's "print" key to print)

South Carolina Department of Health and Environmental Control
South Carolina Immunization Registry

User Confidentiality Agreement

This agreement governs my access to the South Carolina Immunization Registry developed and maintained by the South Carolina Department of Health and Environmental Control (DHEC)

* Required ☐ Incomplete

The Registry is a statewide, confidential computerized database of patient immunization information. Registry records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of the Registry are required by law to safeguard the confidentiality and security of this information. Access to the Registry is by individual user identification and password.

THEREFORE, as a condition to receiving access to the South Carolina Immunization Registry, I agree as follows:

* Agree ☐ I will attend all DHEC training required for Registry access.

* Agree ☐ I understand that Registry information is confidential patient information that should only be disclosed to persons authorized to receive it.

* Agree ☐ I will only disclose Registry information as required for patient care or as authorized by law.

* Agree ☐ I will only access the Registry as necessary to update Registry records or obtain information to treat a patient or for other purposes allowed by DHEC regulations.

* Agree ☐ I will not knowingly include, or cause to be included, any false, inaccurate, or misleading information in the Registry.

* Agree ☐ I will not print or copy any information from the Registry unless necessary to provide patient treatment or to print immunization records or certificates or for other purposes allowed by DHEC regulations.

* Agree ☐ I will treat information printed from the Registry as a confidential patient record and protected health information under federal and state privacy laws.

* Agree ☐ I will not release my identification or password to anyone else or allow anyone else to access the Registry using my identification or password.

* Agree ☐ I will not access the Registry using anyone else's identification or password.

After checking all of the **Agree** boxes, provide the answer to ONE of the Challenge questions:

- High School
- Pet's Name
- City of Birth

The last step is your electronic signature. Please enter your e-mail address as your electronic signature.

Click **Submit**.

D H E C **SCI PAS** South Carolina Immunization Provider Access System

Help
Logged in as IVAN TEST
(IVAN.TEST@SCHOOL.COM)
Current PIN: 1322

HOME NEWS ACCOUNT REGISTRY LOGOUT

[Print Preview \(hit your Browser's "print" key to print\)](#)

☒ I understand that my access to Registry may be monitored by DHEC to ensure compliance with this Agreement.

* Agree ☒ I understand that DHEC may suspend or terminate my access to the Registry if I fail to access the Registry for (30) days.

* Agree ☒ I will not compile any aggregate data or statistics from Registry unless expressly authorized in writing by the Director of the DHEC Immunization Division or his/her designee.

* Agree ☒ I will contact the DHEC Immunization Division at 1-866-439-4082 if I have any questions about accessing or using Registry information.

* Agree ☒ I understand that Registry access is a privilege, not a right, and that DHEC can terminate access if I violate any of these conditions.

* Agree ☒ I understand that misuse of the Registry or disclosure of Registry information in violation of this Agreement and federal and state privacy laws may also result in civil and/or criminal prosecution, penalties, or legal action.

* Agree ☒ I understand that my obligations under this Agreement will continue after termination of my employment.

ANSWER one of the following "Challenge" questions listed below

High School Pet's Name City of Birth

Chesterfield

By signing this Agreement, I agree that I have read, understand, and will comply with the conditions outlined in this Agreement. I agree to protect the security and confidentiality of the South Carolina Immunization Registry, and understand the consequences if I violate the terms of this Agreement.

* Enter your e-mail address as your electronic signature: nurse.test@school.com

Submit

The entire form is completed, click submit when ready.
DHEC will not review forms until they have been submitted.

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

DHEC 0869 (Rev. 3/06/2013)
UA

After successfully completing the User Confidentiality Agreement, access is immediately granted to SCI Registry.

Click on the upper **Registry** tab.

D H E C **SCI PAS** South Carolina Immunization Provider Access System

Help
Logged in as CAROLYN TEST
(CAROLYN.TEST@SCHOOL.COM)
Current PIN: 1349

HOME NEWS ACCOUNT REGISTRY LOGOUT

The User Confidentiality Agreement has been submitted.

SCI PAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status Registry Status

Your current account enrollment statuses are displayed below. Each tab has detailed information regarding that specific status.

SCIPAS: ✗ You do not have an active SCIPAS account. [Change Password >>](#)

VFC: 🔄 Your E.S.A. needs to enroll in the Federal Vaccine for Children (VFC) Program. [Click here to go to the VFC tab >>](#)

SC State Vaccine: 🔄 Your E.S.A. needs to enroll in the South Carolina State Vaccine Program. [Click here to go to the STATE tab >>](#)

SCI Registry: ✔ Your registration as a South Carolina Immunization Provider is valid through 11/08/2018. [Click here to go to the Registry Status tab >>](#)

✔ = Active/Enrolled 🔄 = In Progress ⚠ = Needed ⏳ = Approval Pending ✗ = Inactive/Not Enrolled ✔ = Registered

Select **Launch Registry Application**.

D H E C **SCI PAS** South Carolina Immunization Provider Access System

Help
Logged in as CAROLYN TEST
(CAROLYN.TEST@SCHOOL.COM)
Current PIN: 1349

HOME NEWS ACCOUNT REGISTRY LOGOUT

Immunization Registry

SCI PAS Home
Logout
Launch Registry Application

Selected Location:
New Provider

The User Confidentiality Agreement has been submitted.

In May 2013, the South Carolina General Assembly approved **Regulation 61-120**, implementing a mandatory S.C. Immunization Registry.

All immunization providers will be required under the law to report all administered immunizations. Mandatory reporting will be phased-in over three years beginning January 1, 2014, following an age-based, implementation schedule outlined in the regulation. As of January 1, 2017, all immunizations administered in S.C. must be reported to the statewide immunization registry.

The "Select a location..." window will appear with the user's facility highlighted. Click **Select**.

SCI Registry is ready for a client search.

NOTE: For further guidance, please reference the [Registry User Entry Quick Reference Guide](#) on the SCI PAS Home Page.

SUBSEQUENT LOGIN PROCESS

Enter **Username** (your e-mail address) and **Password** (user created password). Click **Login**.

Select: **Immunization Registry**
OR
Registry tab.

Select **Launch Registry Application**.

South Carolina Immunization Provider Access System (SCIPAS)

Welcome

SCI PAS Home

Logout

Account

Immunization Registry

Main

Selected Location:

New Provider

Welcome to the South Carolina Immunization Provider Access System (SCIPAS)

New Immunization Law Requirement

All immunization providers will be required under the new **Regulation 61-120** to report all administered immunizations to the South Carolina Immunization Registry.

In SCI PAS, immunization providers may register as an individual immunization provider or as a facility or other entity provider, i.e., under an entity name or individual provider name. You may also register each specific location or once for multiple locations.

Creating a SCI PAS Account to Register:

If you do not have a SCI PAS account, please click on "Establish a New Account". In addition to contact information, you will be providing practice/facility FEI number and NPI and license numbers for all providers in your practice or facility.

Immunization Registry

SCI PAS Home

Logout

Launch Registry Application

Selected Location:

New Provider

Immunization Registry

In May 2013, the South Carolina General Assembly approved **Regulation 61-120**, implementing a mandatory S.C. Immunization Registry.

All immunization providers will be required under the law to report all administered immunizations. Mandatory reporting will be phased-in over three years beginning January 1, 2014, following an age-based, implementation schedule outlined in the regulation. As of January 1, 2017, all immunizations administered in S.C. must be reported to the statewide immunization registry.

The "Select a location..." window will appear with the user's facility highlighted. Click **Select**.

SCI Registry is ready for a client search.

NOTE: For further guidance, please reference the [Registry User Entry Quick Reference Guide](#) on the SCI PAS Home Page.

Select a location...

TEST HEALTHCARE

TEST HEALTHCARE

Select

Client Search

Name Chart Phone

Last Name First Name Middle Name Date of Birth

MM/DD/YYYY

☐ Last Name Soundex
☐ FuzzyDOB

Record Type	Chart #	Last Name	First Name	Middle Name	Suffix	DOB
No records to view						

Reset Search Cancel Add